

Proof of Claim: <CLAIM NUMBER>

Exhibit Page 1 of 3

Claimant: <CLAIMANT NAME>

Lydia Maria Vega Zayas

INFORMATION REQUESTED TO PROCESS YOUR CLAIM**Instructions**

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. **Your answers should provide more information than the initial proof of claim.** For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate as to the specific laws on which you are purporting to rely, the year the law at issue was enacted, and how and why you believe such particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via email to PRClaimsInfo@primeclerk.com, or by mail or hand delivery to the following address:

Commonwealth of Puerto Rico Supplemental Information Processing Center
c/o Prime Clerk, LLC
850 Third Avenue, Suite 412
Brooklyn, NY 11232

Questionnaire**1. What is the basis of your claim?**

- ☐ A pending or closed legal action with or against the Puerto Rican government
- ☒ Current or former employment with the Government of Puerto Rico
- ☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)

2. What is the amount of your claim (how much money do you claim to be owed):**3. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?**

- ☐ No. Please continue to Question 4.
- ☒ Yes. Answer Questions 3(a)-(d).

3(a). Identify the specific agency or department where you were or are employed:

Departamento de Dietas, Hospital Distrito Ponce, Departamento Salud, E-L.A.P.

3(b). Identify the dates of your employment related to your claim:

Desde Agosto, 1963 hasta marzo, 1997

3(c). Last four digits of your social security number: 2263

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3(d). What is the nature of your employment claims (select all applicable):

- ☐ Pension
- ☒ Unpaid Wages
- ☐ Sick Days
- ☐ Union Grievance
- ☐ Vacation
- ☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

Ley 89 - 1995, Ley 96 - 2002, Ley 164 - 2004, Ley 109 - 2008,
Ley 124 - 1973, Ley 89 - 1979

4. **Legal Action.** Does your claim relate to a pending or closed legal action?

- ☒ No.
- ☐ Yes. Answer Questions 4(a)-(f).

4(a). Identify the department or agency that is a party to the action.

N/A

4(b). Identify the name and address of the court or agency where the action is pending:

N/A

4(c). Case number: N/A

4(d). Title, Caption, or Name of Case: N/A

4(e). Status of the case (pending, on appeal, or concluded): N/A

4(f). Do you have an unpaid judgment? Yes / No (Circle one)

If yes, what is the date and amount of the judgment? N/A



GOBIERNO DE PUERTO RICO

Administración de los Sistemas de Retiro
de los Empleados del Gobierno y la Judicatura

CERTIFICACIÓN DE PENSIÓN

Certificamos que LYDIA M VEGA ZAYAS con número de seguro social XXX-XX-2263, disfruta beneficios de PENSION POR MERITO de este Sistema de Retiro. La misma fue efectiva el 01 de abril de 1994. En la actualidad recibe una anualidad ascendente a \$6,000.00 pagadera en mensualidades de \$500.00.

Además, recibe un Bono de Medicamentos de \$100.00 y un Aguinaldo de Navidad de \$200.00.

Esta certificación se expide hoy 31 de mayo de 2020, en San Juan, Puerto Rico.

Certifico correcto,



Marlisa Marrero Negron
Gerente Auxiliar
División de Asuntos de Pensionados

Número de Certificación: ASR2020053148541895

Para verificar la validez de esta certificación, debe hacerlo a través del portal del Gobierno de Puerto Rico <http://www.pr.gov/validacionelectronica/> o en nuestro portal <http://www.retiro.pr.gov>

